

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Oililua Elder Care, Inc., #III	CHAPTER 100.1
Address: 429 B Ulupaina Street Kailua, Hawaii 96734	Inspection Date: May 13, 2021 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE OF HAWAII  
DOH-04CA  
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b> Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, SCG #2 - Physical exams contain photo copied Physician's signature along with original black pen inked findings written by the care giver.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. New Physical exams for PCG, SCG #1, SCG#3 were secured and placed on the care home folder.</p>	<p>7/5/2021</p> <div style="text-align: right;"> <p>RECEIVED SEP - 1 2021 21 AUG 32 P 3:30 STATE OF HAWAII DOH-DHCA STATE LICENSES</p> </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b> Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, SCG #2 - Physical exams contain photo copied Physician's signature along with original black pen inked findings written by the care giver.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, all documents including Physical exams shall be written in original black pen by the physician or at the physician's clinic. This reminder is added to my yearly checklist and a substitute care giver is assigned to double check for its accuracy.</p>	<p>7/5/21</p> <p>21 AUG 32 P3:30 STATE OF HAWAII DOH-OPCA STATE LICENSING</p> <p>SEP - 1 2021</p> <p>RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b>FINDINGS</b> PCG, SCG #2 – Tuberculosis (TB) attestation forms contain photo copied Physician's signature along with original black pen inked findings.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected and placed on the care home record. New TB attestations for PCG,SCG#2 were secured from a physician.</p>	<p style="text-align: right;">21 AUG 32 P 3:30 SEP - 1 2021 STATE OF HAWAII DOH-OMCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> PCG, SCG #2 – TB attestation forms contain photo copied Physician's signature along with original black pen inked findings.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, all documents including TB attestations shall be written in original black ink with no photo copies. This reminder is being added to my monthly check list and a substitute care giver is assigned to double check for its accuracy.</p>	<p>7/5/2021</p> <p>21 AUG 22 P 3:30 STATE OF HAWAII DOH-ORCA STATE LIDENOR-1</p> <p>RECEIVED SEP - 1 2021</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Admitted to care home on 7/9/20 with hospice services. Hospice discontinued on 7/17/20. Comfort pak medications are not listed on a flowsheet for 7/9/20 to 7/17/20.</p> <ul style="list-style-type: none"> <li>• Acetaminophen 650mg rectal every four hours PRN fever and mild pain</li> <li>• Bisacodyl 10mg suppository rectal once a day PRN constipation</li> <li>• Haloperidol Lactate 2mg/mL concentrate 0.5mL oral every six hours PRN end of life delirium</li> <li>• Hyoscyamine 0.125mg tablet 1 tablets oral every four hours PRN excessive secretions. Not to exceed 1.5mg/day</li> <li>• Lorazepam 1mg tablet 1 tablets oral every 4 hours PRN restlessness/anxiety</li> <li>• Morphine Sulfate 20mg/mL concentrate 0.25 – 1.0mL oral every hour PRN pain or shortness of breath</li> <li>• Zofran ODT 1 tablets oral every eight hours for nausea, PRN nausea/vomiting</li> </ul>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. All comfort pak medications are listed on a flowsheet/MAR from 7/9/20 to 7/17/20 and placed on Resident#1 record.</p>	<p>5/14/2021</p> <p>STATE OF HAWAII DH-ORCA STATE LICENSING</p> <p>21 AUG 32 P 3:30</p> <p>SEP - 1 2021</p> <p>RECEIVED</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence of provision of care plan interventions such as monitoring of bowel movements for the months of 7/2020 to 12/2020 or to “assist or remind resident to reposition every 2 hours” for the inspection year.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. Bowel movements and Q2hour repositioning were added to my reminder checklist to ensure that all documentations must be completed on a daily basis.</p>	<p>5/15/21</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence of provision of care plan interventions such as monitoring of bowel movements for the months of 7/2020 to 12/2020 or to “assist or remind resident to reposition every 2 hours” for the inspection year.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, all care plan interventions ordered by RN CM must be reviewed with the case manager during visits and added to check list that is reviewed by PCG and SCG on a daily basis.</p>	<p>5/15/21</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><b>FINDINGS</b></p> <ul style="list-style-type: none"> <li>• PCG, SCG #1, SCG #2 - Physical exams contain photo copied Physician's signatures along with original black pen inked findings written by care giver.</li> <li>• PCG, SCG #2 – TB attestation forms contain photo copied Physician's signature along with original black pen inked findings.</li> </ul>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. New Physical exams and TB attestation for PCG, SCG #1, SCG #2 were secured from a physician and placed on the record. New TB attestations for PCG, SCG #2 were secured from a physician and placed on the record.</p>	<p>7/5/21</p> <p>7/5/21</p> <div style="text-align: right;"> <p>21 AUG 32 P 3:31</p> <p>SEP - 1 2021</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> </div>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 - Emergency information incomplete:</p> <ul style="list-style-type: none"> <li>• Power of attorney (POA) contact information missing</li> <li>• Case manager (CM) name and contact information missing</li> </ul>	<p align="center"><b>PART 1</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected.</p> <p>Emergency information for Resident #1 was completed and placed on the record. POA contact number and CM name and contact number were completed.</p>	<p align="center">21 AUG 32 P 3:31</p> <p align="center">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b><u>FINDINGS</u></b> Resident #1 - no exact rate noted on signed general operating procedure.</p>	<p align="center"><b>PART 1</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected.</p> <p>Correct dollar amount was written on Resident #1 general operating procedure and placed on the record.</p>	<p align="center">5/14/2021</p> <div style="text-align: right;"> <p>STATE OF HAWAII DOH-9HC/A STATE LICENSING</p> <p>21 AUG 32 P 3:31</p> <p>SEP - 1 2021</p> <p>RECEIVED</p> </div>



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	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(F) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Have the right to be free from ill treatment, physical punishment, exploitation, neglect, physical or psychological abuse and shall be protected from further potential abuse while an investigation is in progress;</p> <p><b><u>FINDINGS</u></b> Resident #1 – For the period of 7/9/20 through 7/19/20, PCG neglected to provide expanded ARCH resident with the benefit of Registered Nurse (RN) Case management upon admission.</p>	<p><b>PART 1</b></p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. I have added a reminder into my admission check list on all Expanded ARCH resident to have an RN CM in place before or on the day of admission.</p>	<p>5/15/2021</p>

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	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(F) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Have the right to be free from ill treatment, physical punishment, exploitation, neglect, physical or psychological abuse and shall be protected from further potential abuse while an investigation is in progress;</p> <p><b><u>FINDINGS</u></b> Resident #1 – For the period of 7/9/20 through 7/19/20, PCG neglected to provide expanded ARCH resident with the benefit of RN Case management upon admission.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added a reminder by adding into my admission checklist to all Expanded ARCH residents that an RN CM is a requirement before or on the day of each admission. A substitute care giver is assigned to double check its completeness.</p>	<p>5/15/2021</p> <p>21 AUG 32 P 3:31 SEP - 1 2021 STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><b>FINDINGS</b> Resident #1 – No documented evidence of provision of care plan interventions such as monitoring of bowel movements for the months of 7/2020 to 12/2020 or to “assist or remind resident to reposition every 2 hours” for the inspection year</p>	<p><b>PART 1</b></p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. Monitoring bowel movements and Q2hr repositioning was added to daily checklist.</p>	<p>5/15/2021</p> <p>21 AUG 32 P 3:32 SEP - 1 2021 STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence of provision of care plan interventions such as monitoring of bowel movements for the months of 7/2020 to 12/2020 or to “assist or remind resident to reposition every 2 hours” for the inspection year</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added monitoring bowel movements and Q2hr repositioning to my everyday checklist and assigned my substitute care giver to double check the flowsheet that is is done on a daily basis.</p>	<p>5/15/2021</p> <p>21 AUG 32 P 3:32 SEP - 1 2021</p> <p>STATE OF HAWAII DOH - OHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><b>FINDINGS</b> SCG #2 did not receive RN CM delegation training.</p>	<p><b>PART 1</b></p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. RN CM was notified and delegation training was done on SCG #2 and placed on the record.</p>	<p>5/15/2021</p> <p>21 AUG 32 P 3:32 STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>SEP - 1 2021</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)  The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><b><u>FINDINGS</u></b>  SCG #2 did not receive RN CM delegation training.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future all substitute care givers shall receive training from RN CM when providing care to expanded ARCH residents. A checklist reminder is added into my everyday checklist and a substitute care giver is assigned to check for the completeness of the record.</p>	<p>5/15/2021</p>

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><b><u>FINDINGS</u></b> PCG, SCG #1, SCG #2 – No documented evidence of RN CM of delegation training for ocular drops and rectal suppository route medications.</p>	<p><b>PART 1</b></p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. RN CM was notified and training for ocular drops and rectal suppository medication administration was received by PCG, SCG #1, SCG #2. Delegation training was placed on the record.</p>	<p>5/15/2021</p> <p>21 AUG 32 P 3:32 STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><b><u>FINDINGS</u></b> PCG, SCG #1, SCG #2 – No documented evidence of RN CM of delegation training for ocular drops and rectal suppository route medications.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, there is a checklist for RN CM delegation provided for all expanded ARCH clients .The checklist is to be double checked by another substitute care give for accuracy .</p>	<p>5/15/2021</p> <p>21 <del>AUG 32</del> P 3:32 SEP - 1 2021 STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence that all services and interventions such as monitoring of bowel movements for the months of 7/2020 to 12/2020 or to "assist or remind resident to reposition every 2 hours" for the inspection year, as indicated in the resident's care plan were provided to the resident.</p>	<p><b>PART 1</b></p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. Bowel movements monitoring and Q2hour client's repositioning was added into our daily checklist.</p>	<p>5/15/2021</p> <p>21 AUG 32 P 3:33 STATE OF HAWAII DEPT. OF HCA STATE LICENSING</p>

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e)  The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No documented evidence that all services and interventions such as monitoring of bowel movements for the months of 7/2020 to 12/2020 or to “assist or remind resident to reposition every 2 hours” for the inspection year, as indicated in the resident's care plan were provided to the resident.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added documentation of bowel movements and Q2hour turning into my daily checklist on my flowsheet and a substitute caregiver is assigned to remind staff to complete every end of their shift or end of the day.</p>	<p>5/30/21</p> <p>21 AUG 32 P 3:33</p> <p>STATE OF HAWAII  DOH-OHCA  STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><b><u>FINDINGS</u></b> Resident #1 – Expanded ARCH resident was admitted 7/9/20, however, RN CM services were not implemented until 7/19/20.</p>	<p><b>PART 1</b></p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. RN CM for all Expanded ARCH client requirement is added into my admission checklist.</p>	<p>5/30/21</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>21 AUG 32 P 3:33</p> <p>SEP - 1 2021</p> <p>RECEIVED</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><b><u>FINDINGS</u></b> Resident #1 – Expanded ARCH resident was admitted 7/9/20, however, RN CM services were not implemented until 7/19/20.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added RN CM requirements into my admission checklist for all Expanded ARCH clients and a substitute care giver is assigned to double check its completeness.</p>	<p>5/30/21</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>21 AUG 32 P 3:33</p> <p>RECEIVED SEP - 1 2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p><b>FINDINGS</b> Resident #1 – Expanded ARCH resident was admitted 7/9/20, however, RN CM services were not implemented until 7/19/20. Care giver did not collaborate with Resident, Resident surrogate, or Physician/APRN in order to provide RN CM services upon admission of the Expanded ARCH resident.</p>	<p><b>PART 1</b></p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. RN CM requirement was added into my admission checklist for all Expanded ARCH clients.</p>	<p>5/30/2021</p> <p>21 AUG 32 P 3:33 STATE OF HAWAII DOH-CHDA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p><b><u>FINDINGS</u></b> Resident #1 – Expanded ARCH resident was admitted 7/9/20, however, RN CM services were not implemented until 7/19/20. Care giver did not collaborate with Resident, Resident surrogate, or Physician/APRN in order to provide RN CM services upon admission of the Expanded ARCH resident.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added RN CM requirement into my admission checklist for all Expanded ARCH admission and a Substitute care giver is assigned to double check its completeness.</p>	<p>5/30/21</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSED 21 AUG 32 P3:33 SEP - 1 2021 RECEIVED</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><b>FINDINGS</b>  Resident #1 – For the period of 7/9/20 through 7/19/20, RN CM was not provided to the Expanded ARCH resident, therefore, Expanded ARCH resident was not provided the benefit of a comprehensive assessment prior to admission.</p>	<p><b>PART 1</b></p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected.  I have added RN CM requirement into my admission checklist for all Expanded ARCH clients.</p>	<p>5/30/21</p> <p>STATE OF HAWAII  DOH-ONCA  STATE LICENSING</p> <p>21 AUG 32 P 3:33</p> <p>SEP - 1 2021</p> <p>RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><b><u>FINDINGS</u></b> Resident #1 – For the period of 7/9/20 through 7/19/20, RN CM was not provided to the Expanded ARCH resident, therefore, Expanded ARCH resident was not provided the benefit of a comprehensive assessment prior to admission.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added RN CM requirement into my admission checklist for all Expanded ARCH clients . A substitute care giver is assigned to double check that the checklist is complete.</p>	<p>5/30/21</p> <p>21 AUG 32 P 3:33 STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>SEP - 1 2021</p> <p>RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>            Resident #1 - For the period of 7/9/20 through 7/19/20, RN CM was not provided to the Expanded ARCH resident, therefore Expanded ARCH resident was not provided the benefit of an interim care plan within 72 hours of admission.</p>	<p align="center"><b>PART 1</b></p> <p align="center"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected.            RN CM requirement is added into my admission checklist for all Expanded ARCH clients admitted</p>	<p align="center">5/30/21</p> <p align="center">21 AUG 32 P 3:34</p> <p align="center">SEP - 1 2021</p> <p align="center">STATE OF HAWAII            DOH-ORCA            STATE LICENSING</p> <p align="center">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b>FINDINGS</b> Resident #1 - For the period of 7/9/20 through 7/19/20, RN CM was not provided to the Expanded ARCH resident, therefore Expanded ARCH resident was not provided the benefit of an interim care plan within 72 hours of admission.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added RN CM requirement into my admission checklist for all Expanded ARCH clients prior to or on the day of admission. A substitute care giver is assigned to double check the list for its accuracy.</p>	<p>21 AUG 32 P 3:34 5/30/21 STATE OF HAWAII DOH/DOICA STATE LICHS/PRN</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b>FINDINGS</b>  Resident #1 - For the period of 7/9/20 through 7/19/20, RN CM was not provided to the Expanded ARCH resident, therefore Expanded ARCH resident was not provided the benefit of a complete care plan within 7 days of admission.</p>	<p><b>PART 1</b></p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected.  RN CM requirement is added into my admission checklist for all Expanded ARCH clients admitted at the care home before or on the day of admission.</p>	<p>21 AUG 32 PM 34  5/30/21  SEP - 1 2021  RECEIVED  STATE OF HAWAII  DOH-CHCA  STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b>FINDINGS</b>  Resident #1 - For the period of 7/9/20 through 7/19/20, RN CM was not provided to the Expanded ARCH resident, therefore Expanded ARCH resident was not provided the benefit of a complete care plan within 7 days of admission.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added RN CM requirement into my admission checklist and a care giver is assigned to double check the list for its accuracy.</p>	<p>5/30/21</p> <p>21 AUG 32 P 3:34</p> <p>STATE OF HAWAII  DOH-CHCA  STATE LICENSING</p> <p>RECEIVED</p> <p>SEP - 1 2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p><b>FINDINGS</b> For the period of 7/9/20 through 7/19/20, RN CM was not provided to the Expanded ARCH resident, therefore the Expanded ARCH resident was not provided the benefit of monthly or sooner as appropriate care plan reviews.</p>	<p align="center"><b>PART 1</b></p> <p align="center"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. I have added RN CM requirement into my admission checklist for all Expanded ARCH clients before or on the day of admission.</p>	<p align="right">5/30/21</p> <div style="text-align: right;">  <p>21 AUG 32 P 3:34</p> <p>SEP - 1 2021</p> <p>RECEIVED</p> </div>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p><b><u>FINDINGS</u></b>  For the period of 7/9/20 through 7/19/20, RN CM was not provided to the Expanded ARCH resident, therefore the Expanded ARCH resident was not provided the benefit of monthly or sooner as appropriate care plan reviews.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added RN CM requirement into my admission checklist for all Expanded ARCH clients before or on the day of admission. The checklist is assigned to a substitute care giver to check for its completeness.</p>	<p>5/30/21</p>

STATE OF HAWAII  
DOH-DHCA  
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b> Resident #1 - For the period of 7/9/20 through 7/19/20, RN CM was not provided to the Expanded ARCH resident, therefore, Expanded ARCH resident was not provided the benefit of care plan updates as changes occur.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. I have added RN CM requirement into my admission checklist for all Expanded ARCH residents.</p>	<p>5/30/21</p> <div style="text-align: right;"> <p>21 AUG 32 P 3:35</p> <p>SEP - 1 2021</p> <p>RECEIVED</p> </div>



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b> Resident #1 - For the period of 7/9/20 through 7/19/20, RN CM was not provided to the Expanded ARCH resident, therefore, Expanded ARCH resident was not provided the benefit of care plan updates as changes occur.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added RN CM requirement into my admission checklist for all Expanded ARCH residents and a substitute care giver is assigned to double check its accuracy.</p>	<p>5/31/21</p> <p>21 AUG 32 P 3:35 STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>SEP - 1 2021</p> <p>RECEIVED</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(5)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Promote continuity of care and appropriate integration and utilization of services necessary to implement the care plan;</p> <p><b><u>FINDINGS</u></b>            Resident #1 - For the period of 7/9/20 through 7/19/20, RN CM was not provided to the Expanded ARCH resident, therefore, Expanded ARCH resident was not provided the benefit of promotion of continuity of care nor the appropriate integration and utilization of services.</p>	<p align="center"><b>PART 1</b></p> <p align="center"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected.            I have added RN CM requirement into my admission checklist.</p>	<p align="center">5/30/21</p>

STATE OF HAWAII  
 DOI-DOH  
 STATE LICENSING

21 AUG 32 P 3:36

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(5)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Promote continuity of care and appropriate integration and utilization of services necessary to implement the care plan:</p> <p><b><u>FINDINGS</u></b>  Resident #1 - For the period of 7/9/20 through 7/19/20, RN CM was not provided to the Expanded ARCH resident, therefore, Expanded ARCH resident was not provided the benefit of promotion of continuity of care nor the appropriate integration and utilization of services.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added RN CM requirement into my admission checklist on all Expanded ARCH clients. I have assigned a substitute care giver to double check for completeness.</p>	<p>5/30/21</p> <p>21  <del>AUG 31</del> P 3:36  SEP - 1 2021  STATE OF HAWAII  DOH-ONCA  STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><b>FINDINGS</b>  Resident #1 – For the period of 7/9/20 through 7/19/20, Expanded Resident was not provided the benefit of RN CM services whose duties include but are not limited to coordinating, facilitating, and advocating for the provision of quality care for the Resident.</p>	<p><b>PART 1</b></p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected.  I have added RN CM requirement into my admission checklist.</p>	<p>5/30/21</p> <p>STATE OF HAWAII  DOH-ORCA  STATE LICENSING</p> <p>21 AUG 32 P 3:36</p> <p>SEP - 1 2021</p>

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – For the period of 7/9/20 through 7/19/20, Expanded Resident was not provided the benefit of RN CM services whose duties include but are not limited to coordinating, facilitating, and advocating for the provision of quality care for the Resident.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added RN CM requirement into my admission checklist and a substitute care giver is assigned to double check for its accuracy.</p>	<p>5/30/21</p> <p>21 AUG 32 P 3:37</p> <p>STATE OF HAWAII  DOH-ORCA  STATE LICENSING</p> <p>SEP - 1 2021</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – For the period of 7/9/20 through 7/19/20, Expanded Resident was not provided the benefit of RN CM face-to-face monthly and as needed visits.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected.</p> <p>I have added RN CM requirement into my admission checklist.</p>	<p>5/30/21</p> <div style="text-align: right;"> <p>RECEIVED            SEP - 1 2021            21 AUG 32 P 3:37            STATE OF HAWAII            DSH-DHCA            STATE LICENSING</p> </div>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b><u>FINDINGS</u></b> Resident #1 – For the period of 7/9/20 through 7/19/20, Expanded Resident was not provided the benefit of RN CM face-to-face monthly and as needed visits.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added my checklist reminder for RN CM requirement for all Expanded ARCH admission and a substitute care giver is assigned to double check for completeness.</p>	<p>5/30/21</p> <p>21 AUG 32 P 3:38 STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>SEP - 1 2021</p>

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – For the period of 7/9/20 through 7/19/20, RN CM services were not enlisted and therefore there was no evidence of ongoing evaluation and monitoring of caregiver's skills, competency and quality of services being provided to the Resident.</p>	<p><b>PART 1</b></p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected.</p> <p>I have added the RN CM as a requirement into my admission checklist.</p>	<p>5/30/21</p> <p>21 AUG 32 P 3:38  STATE OF HAWAII  DOH-CHCA  STATE LICENSING</p> <p>SEP 1 2021</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><b><u>FINDINGS</u></b> Resident #1 – For the period of 7/9/20 through 7/19/20, RN CM services were not enlisted and therefore there was no evidence of ongoing evaluation and monitoring of caregiver's skills, competency and quality of services being provided to the Resident.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added RN CM requirement into my admission check list for all EXpanded ARCH residents. The checklist is assigned to a substitute care giver to double check for its accuracy.</p>	<p>5/30/21</p> <p>21 AUG 32 P 3:38 STATE OF HAWAII BOH-DHCA STATE LICENSING</p> <p>SEP - 1 2021</p> <p>RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate:</p> <p><b>FINDINGS</b> Resident #1 – For the period of 7/9/20 through 7/19/20, Expanded Resident was not provided the benefit of RN CM comprehensive reassessments every six months or sooner as appropriate</p>	<p><b>PART 1</b></p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. I have added a check list for RN CM requirement for all admission of Expanded ARCH client.</p>	<p>5/30/21</p> <p>21 AUG 32 P 3:38 STATE OF HAWAII BOH OFFICE STATE LICENSING</p>

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – For the period of 7/9/20 through 7/19/20, Expanded Resident was not provided the benefit of RN CM comprehensive reassessments every six months or sooner as appropriate.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future. I have added the RN CM requirement into my check list for all admission of Expanded ARCh client. The checklist is to ensure that it will be done correctly and a substitute care giver is assigned to double check its accuracy.</p>	<p>5/30/2021</p> <p>21 AUG 32 P 3:38  STATE OF HAWAII  DOH- OHCA  STATE LICENSING</p>

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-91 Professional misconduct, (b)(13) Misconduct includes, but is not limited to, the following:</p> <p>Conduct or character likely to deceive or defraud the public.</p> <p><b><u>FINDINGS</u></b></p> <ul style="list-style-type: none"> <li>PCG, SCG #1, SCG #2 - Physical exams contain photo copied Physician's signatures along with original black pen inked findings written by care giver.</li> <li>PCG, SCG #2 – Tuberculosis (TB) attestation forms contain photo copied Physician's signature along with original black pen inked findings.</li> </ul>	<p><b>PART 1</b></p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. New physical exam for PCG,SCG #1, SCG #2 were secured and placed on the record.</p> <p>New PCG, SCG #2 TB attestation was secured and place on the record.</p>	<p>7/5/21</p> <p>7/5/21</p> <p>21 AUG 32 P 3:38 STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-91 <u>Professional misconduct</u>, (b)(13) Misconduct includes, but is not limited to, the following:</p> <p>Conduct or character likely to deceive or defraud the public.</p> <p><b><u>FINDINGS</u></b></p> <ul style="list-style-type: none"> <li>• PCG, SCG #1, SCG #2 - Physical exams contain photo copied Physician's signatures along with original black pen inked findings written by care giver.</li> <li>• PCG, SCG #2 – Tuberculosis (TB) attestation forms contain photo copied Physician's signature along with original black pen inked findings.</li> </ul>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, physical exams and TB attestations must contain original copies and not photo copies. This is added into my monthly checklist and a care giver is assigned to double check its completeness.</p>	<p>7/5/21</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>SEP - 1 2021 21 AUG 32 P 3:38</p> <p>RECEIVED</p>

Licensee's/Administrator's Signature: ntenorio

Print Name: Norma Tenorio

Date: 7/22/2021

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STATE LICENSING